		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BUILDING: 01		00 2225	
	HAL074038		B. WING		08/17/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SOUTHE	RN LIVING ASSISTE	D CARE	ST FIFTH ST LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Records indicate the 04/16/1984. The fare 120 beds. Therefore conformance with the 2005 Rules for Lice Seven or More Beds the 1978 (Revision Carolina Building Coccupancy and the	all Survey by Billy S. Bryant and anducted on 08/17/2016. This facility was first licensed on cility is currently licensed for the the facility was surveyed for the applicable portions of the ensing of Adult Care Homes of the land applicable portions of 5) Edition of the North code(s), Institutional to 1984 Rules for Licensing of the Seven or More Beds in the initial licensure.				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.					
	This Rule is not mo 1. Based on observ being kept in good	ation the facility walls are not				
	Findings on 08/17/2016: a. Room #101 - There is an approximately 12"x14" open hole in the room's exterior wall where the A/C unit was removed.					
	b. Room #102 - The door frame for the corridor wall is missing the strike plate.					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
	HAL074038		B. WING		08/17/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SOUTHE	RN LIVING ASSISTE) CARE	ST FIFTH STI LLE, NC 278			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
C 164	Continued From page 1		C 164			
	c. Room #308 - The door frame for the corridor wall is missing the strike plate.					
		upper section of the lockset or to the corridor is detached				
	e. Kitchen - The door frame for the door from the kitchen to the dining room is missing the strike plate.					
	f. Facility - Some of the doors are badly scuffed, scarred or gouged, examples would be the doors to rooms #112, #121, #123, #320, and #323.					
	2. Based on observation the facility floors are not being kept in good repair. a. Kitchen - Approximately 3/8" thick floor tiles were missing near the ice machine and water was collecting in the approximate 3/8" depression left in the floor.					
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	This Rule is not met as evidenced by: 1. Based on observation the facility is not being kept free from hazards. Oxygen bottles that are not stored in an oxygen bottle rack or otherwise					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED	
		HAL074038	B. WING		08/1	7/2016
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SOUTHE	RN LIVING ASSISTED) CARE	ST FIFTH ST LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 2	C 166			
		ng or being knocked over may the occupants of the facility.				
	upright with out any	on 16: ygen cylinders were store restraining method to prevent yer or being knocked over.				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	maintained in opera maintain electrical e in safe and operable	ation electrical elated equipment is not being ating condition. Failure to emergency safety equipment e condition could effect cility if the equipment did not				
		2016: ight #15 adjacent to room ate when tested on battery				
		ight at door #300 did not ted on battery power.				

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UGK321 If continuation sheet 3 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION 01		E SURVEY PLETED	
		HAL074038	B. WING		08/	17/2016
	OVIDER OR SUPPLIER	CARE 2060 WE	DDRESS, CITY, SEST FIFTH STF	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
c. T do d.	the magnetic hold oor leafs has deta or leafs has deta . Room #230 - The etached from the driring. Based on observing quipment is not be nanner. Electrical esed or wired could ne occupants of the indings on 08/17/2. Room #217, Clin dapter plugged intink. It could not be ne duplex outlet was a tension cords con ower to a copy malectrical power to a copy malectrical power to a copy malectrical power to a some strips. Room #205 - The com's AC unit has a Based on observing an allocation of the power to that is used in pediment to rapic ontaining smoke of the containing smoke of	oors Adjacent to Room #124 open device for one of the ched from the wall. e room's heat detector has ceiling and is hanging by its ation the building's electrical sing operated in a safe equipment that is incorrectly pose an electrical hazard to e facility using the equipment. 2016: ical - There is a multi-plug of the duplex outlet above the determined if the adapter or as GFCI protected. were plugged into a and were being used as rds, one to provide electrical archine, the other to provide	e			

Division of Health Service Regulation

STATE FORM 6899 UGK321 If continuation sheet 4 of 7

Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
HAL074038		B. WING		08/17/2016		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SOUTHE	RN LIVING ASSISTE	D CARE	ST FIFTH ST LLE, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ige 4	C 189			
	fire to the area of o	rigin.				
	device on the doorb. Laundry - There device on the door4. Based on observe maintain the facility	ere is a kick down hold open to the corridor. is a kick down hold open				
	facility could be efferemain closed as respread of smoke or	ected if doors do not latch and equired so as to limit the r fire to the area of origin.				
	Findings on 08/17/2016: a. Exit Door 200 - The door to the corridor hits the door frame preventing it from completely closing and latching.					
	the corridor so that	inges are loose on the door to it hits the door frame and is npletely closing and latching.				
		ver/Bath - The door to the or frame preventing it from and latching.				
	maintain the facility manner. Penetratio rated ceilings could	vation there is a failure to 's fire safety systems in a safe ons or holes in fire resistant I effect the occupants of the ire and smoke to spread origin.				
		016: the ice machine there are ping where it they penetrates				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL074038	B. WING		08/17/2016
	PROVIDER OR SUPPLIER	CARE 2060 WES	DRESS, CITY, S ST FIFTH ST ILLE, NC 278		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
C 189	b. Room 323 - Their fan grille and the ce	re a gap between the exhaust	C 189		
	6. Based on observation the plumbing equipment is not maintained in safe condition. Plumbing not installed per health related code requirement could effect all occupants of the building. Finding on 08/17/2016: a. Kitchen - The ice machine condensate drain was not a minimum of 2" above the floor drain.				
C 199	provided with exhautwo cubic feet per in requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not app This Rule is not me 1. Based on observule are not being experience.	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) by to existing facilities.	C 199		

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DATE S COMPL		SURVEY LETED		
		HAL074038	B. WING		08/1	7/2016
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SOUTHE	RN LIVING ASSISTED) (:ARF	ST FIFTH ST LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 199	Continued From pa	ge 6	C 199			
	equipped with an ex	xhaust fan.				
	Financing on 08/17/ a. Room #214 - The fan is not working.	/2016: e resident bath room exhaust				
		ntenance Room - There are the room and the room does st fan.				

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